APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: TOWN OF NEW PALTZ, TOWN CLERK
P.O. BOX 550 / 52 CLEARWATER ROAD
NEW PALTZ, NY 12561

I, _____hereby apply to inspect the following records;
(Print)

_____

_____

_____

Signature_____ Date_____

Representing_____

Mailing Address_____

Phone #_____ Email:_____

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